



STATE OF ARIZONA  
CORPORATION COMMISSION  
CORPORATION ANNUAL REPORT  
& CERTIFICATE OF DISCLOSURE

Arizona Corporation Commission



00654622

DUE ON OR BEFORE 10/24/2001

FY01-02

FILING FEE \$10.00

The following information is required by A.R.S. §§10-1622 & 10-11622 for all corporations organized pursuant to Arizona Revised Statutes, Title 10. The Commission's authority to prescribe this form is A.R.S. §§10-121.A. & 10-3121.A. **YOUR REPORT MUST BE SUBMITTED ON THIS ORIGINAL FORM.** Make changes or corrections where necessary. Information for the report should reflect the current status of the corporation. See instructions for proper filing. **REFER TO THE INSTRUCTIONS ON PAGE 4.**

**EXPEDITED**

**A.C.C. CORPORATIONS DIV.  
RECEIVED**

FEB 12 2003

**DOCUMENTS ARE SUBJECT  
TO REVIEW BEFORE FILING**

1. -0196764-2

**SOROPTOMIST INTERNATIONAL OF THE KACHINA  
% MARYVALE HOSPITAL  
5102 W CAMPBELL  
PO BOX 23372  
PHOENIX, AZ 85063**

Business Phone: \_\_\_\_\_

(Business phone is optional)

State of Domicile: **ARIZONA**

Type of Corporation: **NON-PROFIT**

2. Arizona Statutory Agent: **JANET R JENNINGS**

Street Address: **4877 W NORTHERN AVE  
GLENDALE, AZ 85302**

**111 W. Monroe, Suite 1216  
Phoenix, AZ 85003**

City, State, Zip:

**ACC USE ONLY**

Fee \$ **10.00**

Penalty \$ \_\_\_\_\_

Reinstate \$ **25.00**

Expedite \$ \_\_\_\_\_

Resubmit \$ \_\_\_\_\_

**Use this box only if appointing a new Statutory Agent**

**If appointing a new statutory agent, the new agent MUST consent to that appointment by signing below.**

**I, (individual) or We, (corporation or limited liability company) having been designated the new Statutory Agent, do hereby consent to this appointment until my removal or resignation pursuant to law.**

**A.C.C. CORPORATIONS DIV.  
RECEIVED**

Signature of new Statutory Agent

MAR 05 2003

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3. Secondary Address:

**(Foreign Corporations are  
REQUIRED to complete  
this section.)**

4. Check the one category below which best describes the CHARACTER OF BUSINESS of your corporation.

**BUSINESS CORPORATIONS**

- |   |  |
|---|--|
| <input type="checkbox"/> 1. Accounting          | <input type="checkbox"/> 20. Manufacturing                   |
| <input type="checkbox"/> 2. Advertising         | <input type="checkbox"/> 21. Mining                          |
| <input type="checkbox"/> 3. Aerospace           | <input type="checkbox"/> 22. News Media                      |
| <input type="checkbox"/> 4. Agriculture         | <input type="checkbox"/> 23. Pharmaceutical                  |
| <input type="checkbox"/> 5. Architecture        | <input type="checkbox"/> 24. Publishing/Printing             |
| <input type="checkbox"/> 6. Banking/Finance     | <input type="checkbox"/> 25. Ranching/Livestock              |
| <input type="checkbox"/> 7. Barbers/Cosmetology | <input type="checkbox"/> 26. Real Estate                     |
| <input type="checkbox"/> 8. Construction        | <input type="checkbox"/> 27. Restaurant/Bar                  |
| <input type="checkbox"/> 9. Contractor          | <input type="checkbox"/> 28. Retail Sales                    |
| <input type="checkbox"/> 10. Credit/Collection  | <input type="checkbox"/> 29. Science/Research                |
| <input type="checkbox"/> 11. Education          | <input type="checkbox"/> 30. Sports/Sporting Events          |
| <input type="checkbox"/> 12. Engineering        | <input type="checkbox"/> 31. Technology(Computers)           |
| <input type="checkbox"/> 13. Entertainment      | <input type="checkbox"/> 32. Technology(General)             |
| <input type="checkbox"/> 14. General Consulting | <input type="checkbox"/> 33. Television/Radio                |
| <input type="checkbox"/> 15. Health Care        | <input type="checkbox"/> 34. Tourism/Convention Services     |
| <input type="checkbox"/> 16. Hotel/Motel        | <input type="checkbox"/> 35. Transportation                  |
| <input type="checkbox"/> 17. Import/Export      | <input type="checkbox"/> 36. Utilities                       |
| <input type="checkbox"/> 18. Insurance          | <input type="checkbox"/> 37. Veterinary Medicine/Animal Care |
| <input type="checkbox"/> 19. Legal Services     | <input type="checkbox"/> 38. Other _____                     |

**NON-PROFIT CORPORATIONS**

- |  |
|--|
| <input checked="" type="checkbox"/> 1. Charitable            |
| <input checked="" type="checkbox"/> 2. Benevolent            |
| <input type="checkbox"/> 3. Educational                      |
| <input checked="" type="checkbox"/> 4. Civic                 |
| <input type="checkbox"/> 5. Political                        |
| <input type="checkbox"/> 6. Religious                        |
| <input type="checkbox"/> 7. Social                           |
| <input type="checkbox"/> 8. Literary                         |
| <input type="checkbox"/> 9. Cultural                         |
| <input type="checkbox"/> 10. Athletic                        |
| <input type="checkbox"/> 11. Science/Research                |
| <input type="checkbox"/> 12. Hospital/Health Care            |
| <input type="checkbox"/> 13. Agricultural                    |
| <input type="checkbox"/> 14. Animal Husbandry                |
| <input type="checkbox"/> 15. Homeowner's Association         |
| <input type="checkbox"/> 16. Professional, commercial        |
| <input type="checkbox"/> 17. Industrial or trade association |
| <input type="checkbox"/> 17. Other _____                     |

COMMISSIONERS  
MARC SPITZER - Chairman  
JIM IRVIN  
WILLIAM A. MUNDELL  
JEFF HATCH-MILLER  
MIKE GLEASON



ARIZONA CORPORATION COMMISSION

BRIAN C. MCNEIL  
Executive Secretary  
JOANNE C. MACDONNELL  
Director, Corporations Division

CORPORATIONS DIVISION  
1300 West Washington  
Phoenix, Arizona 85007-2929

SOROPTOMIST INTERNATIONAL OF THE KACHINA'S, INC.  
% MARYVALE HOSPITAL  
5102 W CAMPBELL  
PO BOX 23372  
PHOENIX

AZ 85063-

Effective Date: 02/24/2003  
File No: -0196764-2

Original Due Date: October 24, 2001 Received: 02/12/03

We have deposited your check, however your annual report is being returned for the following reason(s):

> Your corporation has been administratively dissolved/revoked. Corporations may reinstate within three years of administrative dissolution. The original corporate name may not be available after six months. See A.R.S. 10-1420-22, 10-1530-31, 10-2442, 10-10-2112.E-F for more information. All statutes can be viewed at the web site - [www.azleg.state.az.us](http://www.azleg.state.az.us).

To reinstate, please complete the annual report form which accompanies this letter and remit with the fees/penalties which are noted on the report.

> Section 11 on page 3 asks two questions, please answer both and resubmit both annual reports together with the \$25 reinstatement fee.

NOTE: PURSUANT TO A.R.S. 10-1622.F.  
TO AVOID PENALTIES AND POSSIBLE ADMINISTRATIVE DISSOLUTION, THIS REPORT MUST BE RETURNED WITHIN 30 DAYS AFTER THE EFFECTIVE DATE OF THIS NOTICE TO BE DEEMED TIMELY FILED.

\* \* IMPORTANT \* \*

TO SUCCESSFULLY PROCESS YOUR DOCUMENT, IT IS IMPERATIVE THAT YOU RETURN:

- 1) A COPY OF THIS LETTER,
- 2) ANY ANNUAL REPORT(S) WHICH ACCOMPANIED THIS LETTER,  
(CORRECTIONS MADE)
- 3) ANY OUTSTANDING FEE,
- 4) ANY OUTSTANDING PENALTY FUNDS

**COMMISSIONERS**  
**MARC SPITZER - Chairman**  
**JIM IRVIN**  
**WILLIAM A. MUNDELL**  
**JEFF HATCH-MILLER**  
**MIKE GLEASON**



**ARIZONA CORPORATION COMMISSION**

**BRIAN C. MCNEIL**  
**Executive Secretary**  
**JOANNE C. MACDONNELL**  
**Director, Corporations Division**

**Corporations Division**  
**Telephone: 602-542-3285**

**AR: 0021**  
**REV. 04/2000**

5. **CAPITALIZATION:** (Business Corporations and Business Trusts are **REQUIRED** to complete this section.)

Business trusts must indicate the number of transferable certificates held by trustees evidencing their beneficial interest in the trust estate.

Number of Shares/Certificates Authorized      Class      Series Within Class (if any)

Number of Shares/Certificates Issued      Class      Series Within Class (if any)

6. **SHAREHOLDERS:** (Business Corporations and Business Trusts are **REQUIRED** to complete this section.)

List shareholders holding more than 20% of any class of shares issued by the corporation, or having more than a 20% beneficial interest in the corporation. **Please Type or Print Clearly.**

**NONE** ☒ Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Name: \_\_\_\_\_ Name: \_\_\_\_\_

7. **OFFICERS** Please Type or Print Clearly.

Name: Eileen Birin

Title: President

Address: 20791 N. 62<sup>nd</sup> Dr.  
Glendale, Az 85308

Date taking office: 7-1-2001

Name: Karen Barnes

Title: Treasurer

Address: 14318 N. 75<sup>th</sup> Ln  
Peoria, Az 85381

Date taking office: 7-1-2001

Name: Penny Babb

Title: First Vice Pres.

Address: 23300 N. 90<sup>th</sup> Dr.  
Peoria, Az 85382

Date taking office: 7-1-2001

Name: Joan Brainard

Title: Secretary

Address: 6508 W. Turquoise Ave  
Glendale, Az 85302

Date taking office: 7-2001

8. **DIRECTORS** Please Type or Print Clearly.

Name: Ursula Jackson

Address: 17235 N. 75<sup>th</sup> Ave  
Glendale, Az 85308

Date taking office: 7-1-2001

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date taking office: \_\_\_\_\_

Name: Donna Davis

Address: 8311 W. McLellan Rd  
Glendale, Az 85305

Date taking office: 7-1-2001

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date taking office: \_\_\_\_\_

**Soroptimist International of the Kachinas  
2001 Financial Statement**

**Income**

|                   |                |
|-------------------|----------------|
| Member Dues       | 7327.60        |
| Christmas Auction | 500.00         |
| Conference Sales  | 50.00          |
| Club Raffles      | 300.00         |
| <b>Total</b>      | <b>8177.60</b> |

**Expenses**

|                                |                |
|--------------------------------|----------------|
| Postage/Supplies/Printing      | 575.00         |
| Dues                           | 1867.60        |
| Meals                          | 2400.00        |
| Awards Breakfast               | 200.00         |
| Board Members outgoing Gifts   | 150.00         |
| Charter Gifts                  | 150.00         |
| Soroptimist of the Year Award  | 200.00         |
| Reg & Expense Conference       | 1475.00        |
| Presidents Fund                | 100.00         |
| Bank/MC Fees                   | 300.00         |
| State Corporation Fees         | 10.00          |
| Committees:                    |                |
| Foundations                    | 100.00         |
| Friendship Link                | 100.00         |
| Recruitment/Retention          | 150.00         |
| Hospitality                    | 100.00         |
| Sunshine                       | 200.00         |
| Soroptimist Day of Legislation | 100.00         |
| <b>Total</b>                   | <b>8177.60</b> |

**9. FINANCIAL DISCLOSURE (A.R.S. §10-11622.A.9)**

Nonprofit corporations must attach a financial statement (e.g. income/expense statement, balance sheet including assets, liabilities). All other forms of corporations are exempt from filing a financial disclosure.

**9A. MEMBERS (A.R.S. § 10-11622.A.6)** Only Nonprofit Corporations must answer this question.

This corporation **DOES ☒** **DOES NOT ☐** have members.

**10. CERTIFICATE OF DISCLOSURE (A.R.S. §§10-1622.A.8 & 10-11622.A.7)**

Has ANY person serving either by election or appointment as an officer, director, trustee, incorporator and/or person controlling or holding more than 10% of the issued and outstanding common shares or 10% of any other proprietary, beneficial or membership interest in the corporation been: [Underlined portion pertains to business corporations only]

1. Convicted of a felony involving a transaction in securities, consumer fraud or antitrust in any state or federal jurisdiction within the seven year period immediately preceding the execution of this certificate?
2. Convicted of a felony, the essential elements of which consisted of fraud, misrepresentation, theft by false pretenses or restraint of trade or monopoly in any state or federal jurisdiction within the seven year period immediately preceding execution of this certificate?
3. Or are subject to an injunction, judgment, decree or permanent order of any state or federal court entered within the seven year period immediately preceding execution of this certificate where such injunction, judgment, decree or permanent order involved the violation of:
  - (a) fraud or registration provisions of the securities laws of that jurisdiction, or
  - (b) the consumer fraud laws of that jurisdiction, or
  - (c) the antitrust or restraint of trade laws of that jurisdiction?

One box must be marked

YES ☐

NO ☒

If "YES", the following information must be submitted as an attachment to this report for each person subject to one or more of the actions stated in Items 1. through 3. above.

- |   |   |
|---|---|
| 1. Full name and prior names used.                          | 5. Date and location of birth.  |
| 2. Full birth name.   | 6. Social Security Number   |
| 3. Present home address.                                    | 7. The nature and description of each conviction or judicial action; the date and location; the court and public agency involved, and the file or cause number of the case. |
| 4. Prior addresses (for immediate preceding 7 year period). |   |

**11. STATEMENT OF BANKRUPTCY, RECEIVERSHIP or CHARTER REVOCATION (A.R.S. §§10-202.D.2, 10-3202.02, 10-1623 & 10-11623)**

- A) Has the corporation filed a petition for bankruptcy or appointed a receiver? One box must be marked: YES ☐ NO ☒
- B) Has ANY person serving either by election or appointment as an officer, director, trustee, incorporator and/or person controlling or holding more than 20% of the issued and outstanding common shares or 20% of any other proprietary, beneficial or membership interest in the corporation served in such capacity or held a 20% interest in any other corporation during the bankruptcy, receivership, or charter revocation of the other corporation? [Underlined portion pertains to business corporations only]

One box must be marked

YES ☐

NO ☒

If "YES" to A and/or B, the following information must be submitted as an attachment to this report for each person subject to the statement above:

1. The names and addresses of each corporation and the person or persons involved (e.g. officer, director, trustee or major stockholder)
2. The state in which each corporation was a) incorporated b) transacted business.
3. The dates of corporate operation.
4. If any involved person (listed in #1) has been involved in any other bankruptcy proceeding within the past year, the name and address of each corporation.
5. Date, Case number and Court where the bankruptcy was filed or receiver appointed.
6. Name and address of court appointed receiver.

**12. SIGNATURES:** Annual Reports must be signed and dated by at least one duly authorized officer or they will be rejected.

I declare, under penalty of law that all corporate income tax returns required by Title 43 of the Arizona Revised Statutes have been filed with the Arizona Department of Revenue. I further declare under penalty of law that I (we) have examined this report and the certificate, including any attachments, and to the best of my (our) knowledge and belief they are true, correct and complete.

|                               |                     |                               |                     |
|-------------------------------|---------------------|-------------------------------|---------------------|
| Name <u>Eileen Birin</u>      | Date <u>1-23-03</u> | Name <u>Karen Barnes</u>      | Date <u>1-23-03</u> |
| Signature <u>Eileen Birin</u> |                     | Signature <u>Karen Barnes</u> |                     |
| Title <u>President</u>        |                     | Title <u>Treasurer</u>        |                     |

(Signator(s) must be duly authorized corporate officer(s) listed in section 7 of this report.)